PTO/SB/17 (10-03)
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TRANSMIT for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

✔ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(2)	900	.uu

Complete if Known				
Application Number	09/994,299	DEOF		
Filing Date	November 26, 20	DO1 RECEIVED		
First Named Inventor	Miron Abramovio	ci et al. <mark>0CT 1 8 20</mark> 04		
Examiner Name	David Ton			
Art Unit	2133	Technology Center 21		
Attorney Docket No.	487-012			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None 3			3. ADDITIONAL FEES				
Deposit Account:	Large E						
Donosit	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid	
Account Number 11-0978	1051	130	2051		Surcharge - late filing fee or oath		
Deposit Account King & Schickli, PLLC	1052	50	2052	25	Surcharge - late provisional filing fee or		
Name	1053	130	1053	130	cover sheet Non-English specification		
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1812		1812		For filing a request for ex parte reexamination		
Contained to to the state of th	1804	920*	1804	920*	Requesting publication of SIR prior to		
Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee	4005	4 0 404	4005	4 0 40*	Examiner action		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	950.00	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	330.00	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	-	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451 1452	1,510	1451		Petition to institute a public use proceeding		
SUBTOTAL (1) (\$)		110	2452	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453		Petition to revive - unintentional		
Fee from	1501		2501		Utility issue fee (or reissue)		
Extra Claims below Fee Paid Total Claims20** = X	1502 1503	480 640	2502 2503		Design issue fee Plant issue fee		
Independent - 3** = X =	1460	130	1460		Petitions to the Commissioner		
Multiple Dependent	1807	50	1807		Processing fee under 37 CFR 1.17(g)		
Large Entity Small Entity	1806	180	1806		Submission of Information Disclosure Stmt		
Fee Fee Fee Fee <u>Fee Description</u> Code (\$)	8021	40	8021		Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1010	770	2040	305	(37 CFR 1.129(a)) For each additional invention to be		
1204 86 2204 43 ** Reissue independent claims	1810	770	2810	<i>.</i> 385	examined (37 CFR 1.129(b))		
over original patent	1801	770	2801	385	Request for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$)		Other fee (specify)					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 950.00				00			

SUBMITTED BY		(Complete	(Complete (if applicable))	
Name (Print/Type)	Michael S. Hargist	Registration No. (Attorney/Agent) 42,631	Telephone	859/252-0889
Signature	Mink		Date	10/06/04

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Technology Center 2100

PTO/SB/06 (08-00)

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 487-012 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER EXTRA FEE NUMBER FILED RATE FEE RATE _{\$} 740 BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS · \$ 9 8 _{\$} 18 28 144 minus 20 = OR 37 CFR 1.16(c)) INDEPENDENT CLAIMS x <u>42</u>= OR 4 minus 3 = 84 = 84 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) <u>140</u> = OR 280 =968 0 OR **TOTAL** TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE **TIONAL** TIONAL **RATE AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total <u>\$</u>_18 = 0 : \$_9 = 20 Minus 28 (37 CFR 1.16(c)) OR Independent 42 84 2 Minus 4 0 OR 140 (37 CFR 1.16(d)) 280 -FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE **TIONAL** TIONAL RATE **AMENDMENT AFTER EXTRA PREVIOUSLY** FEE **FEE** AMENDMENT PAID FOR OR _{\$.}18 = Total (37 CFR 1.16(c)) s 9 Minus OR Independent 84 42 Minus OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) 140 = 280 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL 0 OR 0 ADDIT, FEE ADDIT. FEE (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL **TIONAL RATE AMENDMENT AFTER EXTRA PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR Total ** _{\$_}18 = x \$ 9 Minus (37 CFR 1.16(c)) OR Independent *** 84 Minus = 42 OR 280 140 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR 0 0 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.